

**New Jersey Commission on Cancer Research**

**APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP**

Name of Applicant <i>(Last, First, Middle Initial)</i>		Email Address
Title of Proposed Project		
Present Mailing Address	Permanent Mailing Address	
Office Telephone Number	Home Telephone Number	
Name of Sponsor	Title of Sponsor	
Department	Sponsor Email Address	Telephone Number
Name and Address of Sponsoring Agency		
Name of Official in Business Office to be Notified if Award is Made	Title of Official	
Address	Telephone Number	

***CERTIFICATION***

*The applicant certifies that to the best of his/her knowledge and belief, all data in this application are true and correct. The signatories further understand that any award received as a result of this application shall be subject to the regulations and rules set forth by the Commission on Cancer Research.*

Signature of Applicant	Date
Signature of Faculty Sponsor	Date
Signature of Official Signing for Institution	Date

**New Jersey Commission on Cancer Research**  
**APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP**  
**STUDENT CURRICULUM VITAE**

<b>Education</b>				
Name of University or College	Dates Attended		Degrees	Major
	From	To		

  

<b>Research Experience</b>			
Name of Institution Where Work Was Conducted	Dates		Type of Work
	From	To	

Other (include awards, publications, and any other pertinent information):

**New Jersey Commission on Cancer Research**  
**APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP**  
**DESCRIPTION OF RESEARCH PROJECT**

Briefly describe the research project which you hope to pursue during the summer. In particular, what are the specific objectives and how will the work be conducted? How is this work relevant to the causes or treatment of cancer? What do you expect to learn including new techniques? What are your future career goals and how will this fellowship help you to attain them?

(Not to exceed 2 pages.)

*Continue Description of Research Project on next page.*

**New Jersey Commission on Cancer Research**  
**APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP**  
**DESCRIPTION OF RESEARCH PROJECT, CONTINUED**

**New Jersey Commission on Cancer Research**  
**APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP**  
**FACULTY SPONSOR CURRICULUM VITAE**

(Not to exceed this one page.)

**New Jersey Commission on Cancer Research**  
**APPLICATION FOR SUMMER STUDENT CANCER FELLOWSHIP**  
**RECOMMENDATIONS OF SPONSOR**

Name of Applicant																																																							
Name of Respondent				Title of Respondent (if not sponsor) *																																																			
<p>The applicant named above is applying for a competitively awarded New Jersey Cancer Summer Fellowship. Please complete the items below based upon your knowledge of the applicant.</p> <p>Return to:</p> <p style="text-align: center;">New Jersey Commission on Cancer Research  P.O. Box 369  Trenton, NJ 08625-0369</p>																																																							
<p>Please rate the applicant on the following basis:</p> <p style="text-align: center;"><i>1-Outstanding, 2-Good, 3-Above Average, 4-Average, 5-Below Average, 6-Inadequate Opportunity to Observe</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">4</th> <th style="text-align: center;">5</th> <th style="text-align: center;">6</th> </tr> </thead> <tbody> <tr> <td>Academic Abilities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Research Abilities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Scientific Background</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Accuracy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Organizational Skills</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Originality</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>								1	2	3	4	5	6	Academic Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>Additional Comments (not to exceed this page):</p>																																																							
Signature of Faculty Sponsor					Date																																																		

*\*NOTE: This form may be completed by a senior faculty member, other than the sponsor, if the applicant is not well known to the sponsor.*